

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000068936 3)))



H120000689363ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone : (302)645-7400 : (302)645-1280 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____chris.egan@raveis.com

Foreign Limited Liability Company Premium Line Leasing LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu B. Korrporate Filing Menu

Help

MAR 1 C 2012



((H12000068936 3)4

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION

	4 TRANSAC	CT BUSINES	S IN FLORIDA	No.
IN CO LIMITI	TRANSA O DMPLIANCE WITH SECTION 608,503, FLORIDA ED LIABILITY COMPANY TO TRANSACT BUSINE	I STATUTES, TH SS INTHE STATI	IE FOLLOWING IS SUBMITTED TO REC EOF FLORIDA:	GISTER A FORI
1.	Premiu	ım Line Lea	asing LLC	
	Premiu (Name of Foreign Limited Liability Company:	must include "Li	mited Liability Company," "L.L.C.," or "	LLC.")
conser	ne unavailable, enter alternate name adopted for it of the managers or managing members adoptinary," "L.L.C," "LLC.")			
,	Delaware	3	45-4769598	
(Jur	Delaware isdiction under the law of which foreign limited upony is organized)	Tiability	(FEI number, if applicable)	
4.	March 12, 2012	5	perpetual	•
т,	(Date of Organization)	(I. e)	perpetual Duration: Year limited liability company vist or "perpetual")	vill cease to
6. <u>N</u> i	o business transacted in Florida prior	r to registrati	on	
	(Date first transacted busing (See sections 608.501 & 60	ness in Florida, 1 8.502 F.S. to det	f prior to registration.) crining penalty liability)	
7. 6	Poplar Lane			
<u> 17</u>	ew Milford, CT 06776 (Stree	t Address of Prin	ncipal Office)	
R If	limited liability company is a manager-n	nanaged com	nany check here	
9. T h	ne name and usual business addresses of	the managing	members or managers are as follo	ws:
N	largaret Sharrocks, Manager			
2	75 Bayshore Boulevard, Apt. 1208			
	ampa, FL 33606			
the juri	nached is an original certificate of existence, no more exliction under the law of which it is organized. (A tion of the certificate under oath of the translator m	photocopy is not	acceptable. If the certificate is in a foreign	
11. N	Nature of business or purposes to be conc	fucted or pron	noted in Florida:	
	Ar	ny legal purp	ose	
	Marga	set 🐱	lassocks)	
	Signature of a member		zed representative of a member.	

an affirmation under the penalties of perjury that the facts stated herein are true.)

Margaret Sharrocks, Manager Typed or printed name of signee

(((H12000068936 3)))

((H12000068936 3)))

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608,415 or 608,507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If unavailable, the alternate to be used in the state of Florida is:				
2. The name and	the Florida street address of the registered agent and office are:			
	Margaret Sharrocks			
-	(Name)			
	275 Bayshore Boulevard, Apt. 1208			
•	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
_	Tempa FL 33606			
	Chy/State/Zip			
liability company agent and agree to relating to the pro	ed as registered agent and to accept service of process for the above stated limited at the place designated in this certificate, I hereby accept the appointment as registere act in this capacity. I further agree to comply with the provisions of all statutes were and complete performance of my duties, and I am familiar with and accept the position as registered agent as provided for in Chapter 608, Florida Statutes.			

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

(((H12000068936 3)))

PAGE 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERBBY CERTIFY "PREMIUM LINE LEASING LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF MARCH, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PREMIUM LINE LEASING LLC" WAS FORMED ON THE TWELFTH DAY OF MARCH, A.D. 2012.

5122332 8300

120316452



DATE: 03-15-12 (((H12000068936 3)))